

(Please print clearly and use black ink)



**YOUR NAME:** \_\_\_\_\_

**Enter your social social security number**

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State of Michigan  
Department of Consumer & Industry Services  
Bureau of Workers' & Unemployment Compensation (BW&UC)  
**Weekly Extended Benefits (EB) Record of Work Search**

Week Ending Date (Is always a Saturday)	Date of Contact	Name of Employer	Employer(s) Address	Name and Title of Person Contacted	Method of Contact (In Person, phone, fax, e-mail, other)	Type of work applied for	Result (Application submitted, interview, hiring, not hiring, etc.)
First Week Ending Date							
Second Week Ending Date							

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** You **must** complete this form and mail after completing your work search for the second week. You **must** mail this form **before** you call MARVIN for the two-week period covered on this form. **Mailing address: State of Michigan - BW&UC, P.O. Box 8066, Royal Oak, MI 48068-8066.**

The Bureau of Workers' & Unemployment Compensation will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Bureau.